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DECLARATION
AND POWER OF ATTORNEY
U.S.A.

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ATTORNEYS' DOCKET NO. 10/506087
P70097US0

ALL PATENTS, INCLUDING DESIGN
FOR APPLICATION BASED ON PCT, PARIS CONVENTION,
NON PRIORITY, OR PROVISIONAL APPLICATIONS

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

METHOD OF DRAWING MICROSTRUCTURED GLASS OPTICAL FIBRES FROM A PREFORM

which is described and claimed in: ☒ PCT International Application No. PCT/GB03/01298 filed March 20, 2003
☐ the attached specification ☐ the specification in application Serial No _____ filed _____
(if applicable) and amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)	Priority Claimed
<u>0206573.8</u> (Number) <u>United Kingdom</u> (Country) <u>20 March 2002</u> (Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>0209001.7</u> (Number) <u>United Kingdom</u> (Country) <u>19 April 2002</u> (Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Number) _____ (Country) _____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date	Application No.	Filing Date
_____ (Application Serial No.)	_____ (Filing Date)	_____ (Application Serial No.)	_____ (Filing Date)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application

(Application Serial No.)	(Filing Date)	(Status: patented, pending, abandoned)
_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status: patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); JOHN CLARKE HOLMAN (22,789); MARVIN R. STERN (20,640); ALLEN S. MELSER (27,215); MICHAEL R. SLOBASKY (26,421); JONATHAN L. SCHERER (29,851); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409); YOON S. HAM (45,307) and NATHANIEL A. HUMPHRIES (22,772)

SEND CORRESPONDENCE TO: CUSTOMER NO. 00136	DIRECT TELEPHONE CALLS TO:
JACOBSON HOLMAN PROFESSIONAL LIMITED LIABILITY COMPANY 400 SEVENTH STREET, N.W. WASHINGTON, D.C. 20004	(please use Attorney's Docket No.) (202) 636-6666 JACOBSON HOLMAN PROFESSIONAL LIMITED LIABILITY COMPANY

*Inventor(s) name must include at least one unabbreviated first or middle name.

	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
201	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
202	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
203	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201*	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
DATE <u>18 NOV 2004</u>	DATE <u>23 FEB 2005</u>	DATE _____

☒ Additional inventors are named on separately numbered sheets attached hereto.

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DECLARATION AND POWER OF ATTORNEY U.S.A.

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☐ the attached specification

☒ PCT International Application No. PCT/GB03/01298

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filed March 20, 2003

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Prior Foreign Application(s)

0206573.8

(Number)

United Kingdom

(Country)

20 March 2002

(Day/Month/Year Filed)

Priority Claimed

☒ Yes

☐ No

0209001.7

(Number)

United Kingdom

(Country)

19 April 2002

(Day/Month/Year Filed)

☒ Yes

☐ No

(Number)

(Country)

(Day/Month/Year Filed)

☐ Yes

☐ No

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Application No. _____

Filing Date _____

Application No. _____

Filing Date _____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)

(Filing Date)

(Status: patented, pending, abandoned)

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SEND CORRESPONDENCE TO: CUSTOMER NO. 00136

or

JACOBSON HOLMAN
PROFESSIONAL LIMITED LIABILITY COMPANY
400 SEVENTH STREET, N.W.
WASHINGTON, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6666

JACOBSON HOLMAN
PROFESSIONAL LIMITED LIABILITY COMPANY

*Inventor(s) name must include at least one unabbreviated first or middle name.

201	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
				ZIP CODE
202	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
				ZIP CODE
203	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
				ZIP CODE

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SIGNATURE OF INVENTOR 201*	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
DATE	DATE	DATE

☒ Additional inventors are named on separately numbered sheets attached hereto.

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JACOBSON HOLMAN PLLC
ADDITIONAL INVENTORS

* Inventor's name must include at least one unabbreviated first or middle name

204	FULL NAME OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
205	FULL NAME OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
206	FULL NAME OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
207	FULL NAME OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
208	FULL NAME OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
209	FULL NAME OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
210	FULL NAME OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE
211	FULL NAME OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE

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SIGNATURE OF INVENTOR 204 *	SIGNATURE OF INVENTOR 205 *	SIGNATURE OF INVENTOR 206 *
DATE 6/03/2005	DATE	DATE
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
DATE	DATE	DATE

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**JACOBSON HOLMAN PLLC
ADDITIONAL INVENTORS**

* Inventor(s) name must include at least one unabbreviated first or middle name.

204	FULL NAME * OF INVENTOR	FAMILY NAME KILBRIDE	GIVEN NAME Ian	MIDDLE NAME Patrick
	RESIDENCE & CITIZENSHIP	CITY Wiltshire	STATE OR FOREIGN United Kingdom	COUNTRY OF CITIZENSHIP United Kingdom
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 45 Eden Vale Road, Westbury	CITY Wiltshire	STATE OR COUNTRY United Kingdom
205	FULL NAME * OF INVENTOR	FAMILY NAME BIRKS	GIVEN NAME Timothy	MIDDLE NAME Adam
	RESIDENCE & CITIZENSHIP	CITY Bath	STATE OR FOREIGN United Kingdom	COUNTRY OF CITIZENSHIP United Kingdom
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 14 Horsecombe Brow, Combe Down	CITY Bath	STATE OR COUNTRY United Kingdom
206	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
207	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
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	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
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	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
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	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
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SIGNATURE OF INVENTOR 204 *	SIGNATURE OF INVENTOR 205 *	SIGNATURE OF INVENTOR 206 *
DATE	DATE 8/12/04	DATE
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
DATE	DATE	DATE

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